

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FOOD AND DRUGS
2000 LOCAL BOARD OF HEALTH REPORTING REQUIREMENTS

Board of Health		Chairperson	
Address Line I		Director	
Address Line II		Telephone #	()
City/Town		Fax #	()
Zip Code		Emerg. Tel. #	()
Population		E-mail Add.	
Prepared By		Date	____/____/____

- 1) a. Number of food inspectors/sanitarisians: _____ FTE. (See attached instructions.)
b. In 2000, did FTE's in food protection _____ increase, _____ decrease, or _____ stay the same?

- 2) a. Number of food inspectors who have passed a certified food protection manager or certified food safety professional exam: _____
b. Number of food inspectors who are registered sanitarians or certified health officers: _____
c. Number of inspectors who have received HACCP training: _____

3) Please list the number of licensed food establishments by category and the number of inspections actually conducted. If a food establishment has more than one operation, please use the primary category of operation.

Type of Establishment	# of Establishments	# of Inspections
Food Service (e.g., restaurant, school, charitable food facility, caterer, nursing home) AND Retail Food Store (e.g., supermarket, convenience store)		
Residential Kitchen (e.g., bed and breakfast, retail sale)		
Mobile Food Unit and/or Pushcart		
Temporary Food Establishment		
Frozen Dessert Manufacturer		
TOTAL		

- 4) Does the Board use a risk-based inspection plan to determine the frequency of inspections for each establishment? _____Y _____N

5) Please indicate the number of establishments using the Alternative to No Bare-hand Contact with Ready-To-Eat Foods. _____# of establishments _____Don't know

6) Please indicate the total number of the following actions that were taken over the past year.

a) Administrative Hearings _____#	c) License Revocations _____#
b) Suspensions of Operations _____#	d) Emergency Closures _____#

7) Please indicate the number of complaints received according to category.

a) General Complaints	_____#
b) Food-Borne Illness (FBI) Complaints	_____#

8) Does the Board of Health have any local ordinance or regulation pertaining to food establishments?
_____Y _____N If yes please attach a copy.

9) How many requests for a variance has the Board received for Time as a Public Health Control?

_____# of requests

How many variances for Time as a Public Health Control has the Board granted?

_____# of variances

10) Please attach a list of firms that prepare or store food for wholesale distribution.

11) Does the Board of Health have internet access? _____Y _____N

10) Please attach a list of training programs in food protection which you would like to see offered by the Division of Food and Drugs.

Thank you for completing this questionnaire. Please mail the completed form **by June 15, 2001** to Beth Altman, MA Division of Food and Drugs, 305 South Street, Jamaica Plain, MA 02130.